

New Mexico Judicial Branch

Administrative Office of the Courts

Health Benefits FAQs

1. What is Erisa, and when would I contact them?

The New Mexico Judicial Branch health benefits are administered by Erisa Administrative Services, Inc. (Erisa) the State's Third Party Administrator. Erisa provides benefits administration to plan participants of the Judicial, Executive and Legislative Branches of Government in addition to Local Public Bodies.

Erisa can answer enrollment questions on Medical, Pharmacy, Dental, and Vision, Domestic Partnership Coverage for Medical, Pharmacy, Dental, and Vision, and Basic, Supplemental and Dependent Life, Disability, and Flexible Spending Accounts.

Erisa's contact information:

Erisa Administrative Services, Inc.

1200 San Pedro NE

Albuquerque NM 87110-6726

Albuquerque (505)244-6000

Toll free: (855) 618-1800

E-mail: sonm@easitpa.com

Monday-Friday 8:00AM – 5:00PM

Website: <https://www.mybenefitsnm.com>

2. Are we in an Open/Switch Enrollment Period?

- a. No. The Benefit Plan year changed in 2014 from fiscal year July 1 – June 30 to a calendar year January 1 – December 31.

3. When is the next Open/Switch Enrollment Period?

- a. The next Open/Switch Enrollment period should be scheduled for this fall for the Benefit Plan Year beginning January 1, 2016. This includes enrollment for a Flexible Spending Account.
- b. More information to be sent out by Risk Management Division and Erisa, Inc.

4. Are the rates going up, and if so how much of an increase?
 - a. There will be a 3% increase on medical premiums only beginning July 1, 2015.
 - b. This increase is for both the employees & employer.
 - c. For deductibles, co-pays and out-of-pocket costs refer to the attached State of New Mexico "CY15 Health Benefits Comparison" (FY2015) handout.
5. What is the premium cost to cover a Domestic Partner?
 - a. Please contact AOC HRD to determine premium cost if you plan to cover a Domestic Partner. Domestic Partner premium rates are no longer posted.
 - b. You can also contact Erisa, Inc. directly to obtain this information.

For questions related to deductibles, co-pays, etc. please contact the insurance carriers directly.

| Benefit | Carrier | Phone |
|---|--|----------------|
| Medical | Blue Cross Blue Shield of NM | (877) 994-2583 |
| | Presbyterian | (888) 275-7737 |
| Prescription | Express Scripts | (800) 743-1720 |
| Dental | Delta Dental | (877) 395-9420 |
| Vision | Vision Service Plan (VSP) | (800) 877-7195 |
| Flexible Spending Account | CompuSys/Erisa Group, Inc. Fax: (512) 597-4692 Email: nmflex@cserisa.com | (800) 933-7472 |
| Employee Term (Basic) Additional (Supplemental) Life Accidental Death & Dismemberment (AD&D) And Dependent Life | The Standard Life Insurance Company | (888) 609-9763 |
| Disability | CompuSys/Erisa Group, Inc. | (800) 933-7472 |

6. How do I make changes or additions to my Benefits?
 - a. Please refer to the online enrollment/change form that is available for you to complete & submit your benefit changes directly to Erisa. When you have completed the online enrollment form you will be directed to push the submit button. Please print a copy of your changes and send to HR.
 - b. The link is www.mybenefitsnm.com.
7. What is the 31-day eligibility period?
 - a. An eligibility period is the time frame when an employee is eligible to enroll in State Benefit Plans.

- b. This time frame is 31 days from the date of hire or date of the qualifying event or change in status.

8. What is a qualifying event or change of status?

- a. A qualifying event or change of status may include the following:
 - i. Change in job status of spouse (reduction of hours or termination) resulting in loss of coverage or gain of other coverage from new employment.
 - ii. Marriage or change in marital status, such as divorce or legal separation, resulting in loss of coverage. This includes satisfying requirements for Domestic Partnership eligibility.
 - iii. Death of the employee, death of spouse or eligible dependent, resulting in loss of coverage.
 - iv. Birth of a child, a court approved adoption or legal guardianship.
 - v. An event resulting in loss of coverage.
- d. If you believe you have had a qualifying event or change in status contact Erisa and HR.
- e. A voluntary economic decision to move coverage from one employee to another is no longer considered a qualifying event. This change will have to occur during open/switch enrollment.
- f. Dependent children between the ages of 3 and 5 are no longer allowed to enroll in dental and vision without a qualifying event. This change will have to occur during open/switch enrollment.

9. What do I need to do if I am adding a new dependent?

- a. If adding a new dependent, proof of dependency for new dependents **must be faxed to Erisa, 505-244-6009**, on the **same day** as you submit your online enrollment form.
- b. Proof of dependency includes: marriage certificates, domestic partner affidavits, court approved documents, and birth certificates.
- c. Coverage will not be added without proof of dependency.

10. If I submit my paperwork online, who will have copies of my paperwork if I need them?

- a. Unless you remember to print a copy before you hit submit online at the Erisa website, only Erisa will have the copy of your paperwork.
- b. Print your paperwork before you hit submit and **give a copy to AOC HRD or your HR Department** to place in your employee personnel file.
- c. You will submit your original life insurance beneficiary designation form to AOC HRD and not Erisa for placement in your employee personnel file.

11. What forms are considered “Proof of Dependents”?

| Relationship | Required Documentation |
|-----------------------|---|
| Spouse | Marriage Certificate |
| Domestic Partner | Domestic Partner Affidavit |
| Natural Born Children | *Birth Certificate |
| Step Children | Birth Certificate with either mother’s or father’s name on it along with Marriage Certificate |
| Adopted Children | Court Approved Adoption Papers |
| Legal Guardianship | Court Approved Guardianship Papers |

*Are birth notices/proof of birth (documents completed by hospital or midwife, etc.) acceptable documentation as substitutes for birth certificates?

- a. Yes, if the employee covering the dependent child is listed on the birth notice. If they do not appear on the notice, and they are providing coverage for the dependent child, additional documentation is required such as Proof of Paternity/Maternity, or a Court Order. The Proof of Paternity/Maternity form can be found at <http://vitalrecordsnm.org>.

12. How do I make changes to my Flexible Spending Account (FSA) due to a Qualifying Event?

- a. Complete the online enrollment form and submit directly to Erisa Administrative Services, Inc.
- b. Employees can access the enrollment form at www.mybenefitsnm.com.
- c. For questions regarding Flexible Spending Accounts please call (800) 933-7472.

13. How will I know if I have been charged the correct insurance premiums and payroll deductions for my insurance changes?

- a. When you receive your pay advice look in the “Before-Tax Deductions” box (unless you opted out of POP). You can verify the premiums charged in this box on your pay advice against the insurance premium schedule for FY16.
- b. You can also contact AOC HRD or your HR Department and after providing them a copy of the print out of your benefit changes ask them to help you verify that your payroll deductions are accurate.
- c. FY16 Premium rates can be found at
<https://www.mybenefitsnm.com/Documents/FY16%20State%20Rates%20Only%207.1.15-6.30.16.pdf>.

14. Is there a website where we can learn more about our benefits?

- a. The website to learn more about your benefits is Erisa at
<https://www.mybenefitsnm.com>
- b. Recorded webinar presentations are available for viewing at any time.
- c. The Erisa website contains:
 - 2014 Open/Switch Enrollment including Videos by Providers
 - Benefit information
 - Carrier information and plan details
 - Benefit forms and notices
 - Information on healthcare reform
 - Current news
 - Helpful links to Insurance Providers, etc.
 - Erisa and Provider Contact information
 - Wellness Program information
 - Information on healthcare reform

15. Can I still call AOC HRD with benefit questions?

- a. Yes, you can call AOC HRD or your HR Department for general benefit questions such as insurance premium rates, etc.
- b. AOC HRD or your HR Department will manage employees FMLA and LWOP, which could include collecting insurance premium payments from an employee if leave hours are not sufficient to cover premium costs.
- c. AOC HRD or your HR Department will process all life insurance claim forms.
- d. Employees should contact Erisa for other questions on their benefits.

16. When is my child no longer eligible for State Benefit Plan coverage?
- Your child can be covered up to the age of 26.
 - Beginning January 2015, dependents turning 26 years of age will be covered through the end of the month in which they turn 26 (instead of their coverage ending on their birthday).
 - Reminder – to continue coverage of disabled dependents beyond their 26th birthday, you must complete & submit disabled dependent forms for medical and life coverage (found on www.mybenefitsnm.com)
17. Can I cover my married dependent child who is under the age of 26?
- Yes. The Healthcare Reform Act of 2011, allows you to continue to cover your dependent children up to the age of 26.
 - On your child's 26th birthday, all coverages will automatically terminate the end of the month in which they turn 26 years of age. Dependents of your married child, i.e., spouse and his or her children are not eligible to be covered.
18. My dependent children live out of state. Can I still cover them on my State Benefit Plan?
- Yes. There is no requirement that dependents must be NM state residents, and you may cover your children up to age 26 on your State Benefit Plan regardless of where they live.
19. What is the State's new Wellness Program?
- Free confidential Preventative Health Checkups for employees, their spouse/domestic partners who have medical coverage with the State's Group Benefits Plan.
 - Health Checkups are offered at or near your workplace.
 - You can participate on work time (please coordinate with your supervisor).
 - Upon completion you receive a \$25 VISA gift card.
 - Health Checkups are available once a year.
 - For schedules/locations visit www.mybenefitsnm.com/wellnessprogram.htm.
20. How long does a Wellness checkup take?
- Approximately 45 minutes.

21. What does this Wellness checkup consist of?

- a. Preventative Health Checkups include Blood Pressure, Blood Sugar, Liver Screenings, Cholesterol, HDL/LDL, Triglycerides, and a private conversation with a Nurse Practitioner.

22. How do I make an appointment for a Wellness Checkup?

- a. Checkups are by appointment only.
- b. Schedule online at www.TimeConfirm.com/SONM-WOW to schedule your free checkup.
- c. Please refer to the New 2015 Schedule and Location Sheets for the Months of May, June, July, August, and September.

Attachments:

- 1. July 1, 2015 – June 30, 2016 SONM Employee's *Biweekly Contribution Schedule*
- 2. *Positive Changes and Improvements in the State's Group Benefits Plan Effective January 1, 2015 Handout*
- 3. *State of New Mexico CY15 Health Benefits Comparison (FY2015)*
- 4. *Catapult Health FAQs: A Free, On-Site Health Checkup To Help You Live Well!*

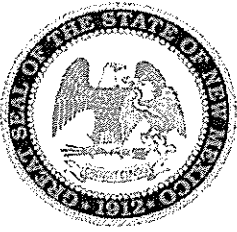
JULY 1, 2015 - JUNE 30, 2016
STATE OF NEW MEXICO
BI-WEEKLY CONTRIBUTION SCHEDULE

| EMPLOYEE ONLY COVERAGE | | | | | | | |
|------------------------|------------|------------------------|-----------|---------------------------|-----------|-----------------------|-----------|
| | GROSS RATE | Salary Less than \$50k | | Salary \$50K to \$59,999K | | Salary \$60K and Over | |
| | | Employee | State | Employee | State | Employee | State |
| | | 20% | 80% | 30% | 70% | 40% | 60% |
| Admin. Fee | \$ 0.60 | \$ 0.12 | \$ 0.48 | \$ 0.18 | \$ 0.42 | \$ 0.24 | \$ 0.36 |
| Presbyterian - HMO | \$ 222.61 | \$ 44.52 | \$ 178.09 | \$ 66.78 | \$ 155.83 | \$ 89.05 | \$ 133.57 |
| BCBS - HMO | \$ 222.61 | \$ 44.52 | \$ 178.09 | \$ 66.78 | \$ 155.83 | \$ 89.05 | \$ 133.57 |
| BCBS - PPO | \$ 258.90 | \$ 51.78 | \$ 207.12 | \$ 77.67 | \$ 181.23 | \$ 103.56 | \$ 155.34 |
| Delta Dental | \$ 13.39 | \$ 2.68 | \$ 10.71 | \$ 4.02 | \$ 9.37 | \$ 5.36 | \$ 8.03 |
| Basic Life | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 |
| Disability | \$ 4.34 | \$ 4.34 | \$ - | \$ 4.34 | \$ - | \$ 4.34 | \$ - |
| Vision Service Plan | \$ 2.48 | \$ 0.50 | \$ 1.98 | \$ 0.74 | \$ 1.74 | \$ 0.99 | \$ 1.49 |

| EMPLOYEE PLUS SPOUSE COVERAGE | | | | | | | |
|-------------------------------|------------|------------------------|-----------|---------------------------|-----------|-----------------------|-----------|
| | GROSS RATE | Salary Less than \$50k | | Salary \$50K to \$59,999K | | Salary \$60K and Over | |
| | | Employee | State | Employee | State | Employee | State |
| | | 20% | 80% | 30% | 70% | 40% | 60% |
| Admin. Fee | \$ 0.60 | \$ 0.12 | \$ 0.48 | \$ 0.18 | \$ 0.42 | \$ 0.24 | \$ 0.36 |
| Presbyterian - HMO | \$ 500.88 | \$ 100.18 | \$ 400.70 | \$ 150.26 | \$ 350.62 | \$ 200.35 | \$ 300.53 |
| BCBS - HMO | \$ 500.88 | \$ 100.18 | \$ 400.70 | \$ 150.26 | \$ 350.62 | \$ 200.35 | \$ 300.53 |
| BCBS - PPO | \$ 582.56 | \$ 116.51 | \$ 466.05 | \$ 174.77 | \$ 407.79 | \$ 233.02 | \$ 349.53 |
| Delta Dental | \$ 26.77 | \$ 5.35 | \$ 21.42 | \$ 8.03 | \$ 18.74 | \$ 10.71 | \$ 16.06 |
| Basic Life | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 |
| Disability | \$ 4.34 | \$ 4.34 | \$ - | \$ 4.34 | \$ - | \$ 4.34 | \$ - |
| Dependent Life | \$ 1.08 | \$ 0.22 | \$ 0.86 | \$ 0.32 | \$ 0.76 | \$ 0.43 | \$ 0.65 |
| Vision Service Plan | \$ 4.68 | \$ 0.94 | \$ 3.74 | \$ 1.40 | \$ 3.28 | \$ 1.87 | \$ 2.81 |

| EMPLOYEE PLUS CHILD/CHILDREN COVERAGE | | | | | | | |
|---------------------------------------|------------|------------------------|-----------|---------------------------|-----------|-----------------------|-----------|
| | GROSS RATE | Salary Less than \$50k | | Salary \$50K to \$59,999K | | Salary \$60K and Over | |
| | | Employee | State | Employee | State | Employee | State |
| | | 20% | 80% | 30% | 70% | 40% | 60% |
| Admin. Fee | \$ 0.60 | \$ 0.12 | \$ 0.48 | \$ 0.18 | \$ 0.42 | \$ 0.24 | \$ 0.36 |
| Presbyterian - HMO | \$ 400.70 | \$ 80.14 | \$ 320.56 | \$ 120.21 | \$ 280.49 | \$ 160.28 | \$ 240.42 |
| BCBS - HMO | \$ 400.70 | \$ 80.14 | \$ 320.56 | \$ 120.21 | \$ 280.49 | \$ 160.28 | \$ 240.42 |
| BCBS - PPO | \$ 466.02 | \$ 93.20 | \$ 372.82 | \$ 139.81 | \$ 326.22 | \$ 186.41 | \$ 279.61 |
| Delta Dental | \$ 30.80 | \$ 6.16 | \$ 24.64 | \$ 9.24 | \$ 21.56 | \$ 12.32 | \$ 18.48 |
| Basic Life | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 |
| Disability | \$ 4.34 | \$ 4.34 | \$ - | \$ 4.34 | \$ - | \$ 4.34 | \$ - |
| Dependent Life | \$ 1.08 | \$ 0.22 | \$ 0.86 | \$ 0.32 | \$ 0.76 | \$ 0.43 | \$ 0.65 |
| Vision Service Plan | \$ 5.45 | \$ 1.09 | \$ 4.36 | \$ 1.64 | \$ 3.82 | \$ 2.18 | \$ 3.27 |

| FAMILY COVERAGE | | | | | | | |
|---------------------|------------|------------------------|-----------|---------------------------|-----------|-----------------------|-----------|
| | GROSS RATE | Salary Less than \$50k | | Salary \$50K to \$59,999K | | Salary \$60K and Over | |
| | | Employee | State | Employee | State | Employee | State |
| | | 20% | 80% | 30% | 70% | 40% | 60% |
| Admin. Fee | \$ 0.60 | \$ 0.12 | \$ 0.48 | \$ 0.18 | \$ 0.42 | \$ 0.24 | \$ 0.36 |
| Presbyterian - HMO | \$ 656.71 | \$ 131.34 | \$ 525.37 | \$ 197.01 | \$ 459.70 | \$ 262.68 | \$ 394.02 |
| BCBS - HMO | \$ 656.71 | \$ 131.34 | \$ 525.37 | \$ 197.01 | \$ 459.70 | \$ 262.68 | \$ 394.02 |
| BCBS - PPO | \$ 763.79 | \$ 152.76 | \$ 611.03 | \$ 229.14 | \$ 534.65 | \$ 305.51 | \$ 458.27 |
| Delta Dental | \$ 40.16 | \$ 8.03 | \$ 32.13 | \$ 12.05 | \$ 28.11 | \$ 16.06 | \$ 24.10 |
| Basic Life | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 | \$ - | \$ 1.94 |
| Disability | \$ 4.34 | \$ 4.34 | \$ - | \$ 4.34 | \$ - | \$ 4.34 | \$ - |
| Dependent Life | \$ 1.08 | \$ 0.22 | \$ 0.86 | \$ 0.32 | \$ 0.76 | \$ 0.43 | \$ 0.65 |
| Vision Service Plan | \$ 6.90 | \$ 1.38 | \$ 5.52 | \$ 2.07 | \$ 4.83 | \$ 2.76 | \$ 4.14 |



POSITIVE CHANGES AND IMPROVEMENTS IN THE STATE'S GROUP BENEFITS PLAN Effective January 1, 2015

- If an employee is covering children but not spouse/domestic partner, there is a new premium rate group called "Employee Plus Child/Children" which is less expensive than the "Family" group
- For *both* Presbyterian and BCBSNM's HMO plans: the deductibles have been *decreased* to \$325 for employee only, \$650 for two person coverage, and \$975 for family
- For BCBSNM's PPO plan (Preferred Provider): the deductibles have been *decreased* to \$500 for employee only, \$1,000 for two person coverage, and \$1,500 for family
- With an Autism diagnosis, the State Plan now covers Applied Behavioral Analysis therapy
- Medical and pharmacy Out-Of-Pocket (OOP) costs will now be *combined* to more quickly reach the same maximum medical OOP amount as last year
- There is no longer a \$1,500 Specialty Drug OOP maximum – payments on Specialties will go toward the combined medical/pharmacy OOP maximum
- Specialty Drug co-pay has been *decreased* from \$150 to \$75 per prescription
- The State has a new Wellness Program offering *free* confidential Preventive Health Checkups at or near employee worksites to employees and their spouses/domestic partners who have medical coverage with the State's Group Benefits Plan – employees can participate on work time. Participants will receive a \$25 VISA gift card upon completion. These Preventive Health Checkups will be available once a year
- There will only be a 3% increase on medical premiums only beginning July 1, 2015 (versus the 10% increase last year and 15% increase two years ago)
- When dependents turn 26 years of age, they are now covered through the **end of month** in which they turn 26 (instead of their coverage ending on their birthday)

State of New Mexico

CY15 Health Benefits Comparison

| | PRESBYTERIAN - HMO | BLUE CROSS BLUE SHIELD NM - HMO | BLUE CROSS BLUE SHIELD NM - PPO | |
|--|--|--|---|--|
| BENEFITS | | | PREFERRED PROVIDER | NONPREFERRED PROVIDER |
| Deductibles | \$325/\$650/\$975 | \$325/\$650/\$975 | \$500 / \$1,000 / \$1,500 | \$2,800 / \$5,600 / \$8,400 |
| Out of Pocket (combined Pharmacy & Medical) | \$3500/\$7000/\$10500 | \$3500/\$7000/\$10500 | \$3,500 / \$7,000 / \$10,500 | \$7,000 / \$14,000 / \$21,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited (Certain services are subject to Plan Year and/or Lifetime maximums or are limited per condition.) | |
| Primary Care Provider | \$25.00 (deductible waived) | \$25.00 (deductible waived) | \$30 (deductible waived) | 50% |
| Specialist Provider | \$40.00 | \$40.00 | \$50.00 | 50% |
| Adult Preventive Services | \$0 (deductible waived) | \$0 (deductible waived) | \$0 (deductible waived) | 50% (deductible waived) |
| Well Child Services | \$0 (deductible waived) | \$0 (deductible waived) | \$0 (deductible waived) | 50% (deductible waived) |
| Laboratory | 20% | 20% | 20% | 50% |
| X-Ray | 20% | 20% | 20% | 50% |
| Inpatient Hospital | \$500.00 per admission | \$500.00 per admission | \$1,000.00 per admission | 50% |
| MRI/PE/CT Scans | 20% up to maximum of \$200 per test | 20% up to maximum of \$200 per test | 20% up to maximum of \$200 per test | 50% |
| Outpatient Surgery | 20% | 20% | \$30 Initial Visit Only | 50% |
| Maternity Physician Services | \$25.00 Initial Visit Only | \$25.00 Initial Visit Only | \$1,000.00 | 50% |
| Maternity Hospitalization | \$500.00 | \$500.00 | No Copay | 50% |
| Routine Nursery Care for Newborns | No Copay | No Copay | \$175.00 | \$175.00 |
| Emergency Room Visit | \$175.00 | \$175.00 | \$50.00 | \$50.00 |
| Urgent Care Center | \$50.00 | \$50.00 | \$30.00 | 50% |
| Mental Health Out Patient | \$25.00 | \$25.00 | \$1,000.00 | 50% |
| Mental Health In Patient | \$500.00 | \$500.00 | \$50.00 | (up to 25 visits combined per plan year) |
| Chiropractic, Acupuncture | \$40.00 (up to 25 combined visits per plan year) | \$40.00 (up to 25 combined visits per plan year) | \$50.00 (up to 25 visits combined per plan year) | 50% |
| Neurapathic Services | \$50.00 (up to \$500 per plan year) | \$50.00 (up to \$500 per plan year) | 25% | 40% |
| Durable Medical Equipment | 20% | 20% | \$50.00 | 50% |
| Chemotherapy and Radiation Therapy | No Copay in Physicians Office | No Copay in Physicians Office | \$50.00 | 50% |
| Home HealthCare | \$40.00 Physician, no copay for nursing services | \$40.00 Physician, no copay for nursing services | No copay up to \$2500 per yr per ear, once every 3 yrs | No copay up to \$2500 per yr per ear, once every 3 yrs |
| Hearing Aids | No copay up to \$2500 per yr per ear, once every 3 yrs | No copay up to \$2500 per yr per ear, once every 3 yrs | \$50.00 | 50% |
| Physical, Occupational, & Speech Therapy | \$40.00 | \$40.00 | No Copay | 50% |
| Hospice | No Copay | No Copay | | |
| Express Scripts Inc - Pharmacy Benefit Manager | | | | |
| | Retail | Retail | Home Delivery | |
| Generic | \$5.00 | Min | Max | \$15.00 |
| Brand | 30% | NA | NA | \$95.00 |
| Brand Non-Preferred | 40% | \$55.00 | \$125.00 | \$125.00 |
| Specialty | Copay | \$75 PER SCRIPT/PER MONTH | \$75 PER SCRIPT/PER MONTH | \$75 PER SCRIPT/PER MONTH |
| SPECIALTY MEDICATIONS - MUST USE MAIL ORDER AFTER 2 RETAIL FILLS | | | | |
| DEDUCTIBLE: \$50 PER INDIVIDUAL/\$100 FAMILY APPLIES TO Formulary and Non-Formulary Only | | | | |
| Pharmacy deductible is combined with medical deductible to meet total medical deductible | | | | |



SUSANA MARTINEZ
GOVERNOR

ED BURCKLE
CABINET SECRETARY

AJ FORTE
DIRECTOR
RISK MANAGEMENT

State of New Mexico General Services Department

A Free, On-Site Health Checkup To Help You Live Well!

What you can expect

• Preventive health checkup

This checkup, similar to what you might receive at your doctor's office, is designed to identify issues that may affect your health ... and help you get them under control before they become serious.

Your blood test involves only a tiny finger prick. We use a small device (similar to what people with diabetes use daily) to get a couple drops of blood. One click, and that's all we need!

The entire appointment takes only about 45 minutes, and will be performed on-site at your work-place for your personal convenience.

• Professional care

You'll be seen privately by a licensed nurse practitioner and technician, trained to make this a positive and comfortable experience for you.

We've surveyed thousands of participants, and 99% rate their experience as outstanding or good!

What you need to do

• Schedule an appointment

You must make an appointment to participate in this free health checkup. Online scheduling is available in both English and Spanish, and takes less than a minute. Watch for details on how to access the online scheduler.

• Fast (don't eat or drink for 8 hours)

This is **important**: in order to give us accurate readings, you must not eat or drink anything (except water) for at least 8 hours before your appointment. Be sure to drink plenty of water and take your medications as prescribed.

• Bring your physician information

If you provide our team with your physician's full name, we will send your results to him or her so you won't have to. And if you don't have a doctor, we'll even help you find one.

What you will receive

• Printed personal health report

During your appointment, you'll receive a full color report of your checkup results and health recommendations that you can take home! Your report is available in either English or Spanish.

• Private health consultation

Our Nurse Practitioner will review your results with you personally and privately, including recommendations and plans for a healthier life and referrals, if needed, for conditions that may need a doctor's care.

• \$25 pre-paid VISA gift card

Catapult Health will provide the \$25 pre-paid VISA gift card onsite upon completion of your check-up.

Catapult
HEALTH

